

EMERGENCY MEDICAL SERVICES AUTHORITY

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October 28, 2015

James Clark, EMS Administrator
Merced County Emergency Medical Services Agency
260 E. 15th Street
Merced, CA 95341

Dear Mr. Clark:

This letter is in response to your 2014 Merced County EMS Plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Merced County's 2014 EMS Plan and is approving the plan as submitted.

II. History and Background:

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

Historically, we have received EMS Plan documentation from Merced County for the following years: 1993-1995, 1999, 2001-2004, 2006-2007, 2009, 2010, 2012 and, most current, its 2014 plan submission. Merced County received its last Five-Year Plan approval in 2001 for its 1999 plan submission, and its last annual Plan Update approval in 2013 for its 2012 plan submission.

III. Analysis of EMS System Components:

Following are comments related to Merced County's 2014 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S § 1797.103 are indicated below:

A. ☒ ☐ System Organization and Management

1. Systems Assessment Forms

- Standard 1.10 (Special Populations)
 - Minimum Standard/Recommended Guidelines do not appear met. Assessment does not address 'identification of population groups served by the EMS system which require specialized service.' In next submission please provide update on progress of long range plan to meet this standard and reflect status accurately on both standard and Table 1.

B. ☒ ☐ Staffing/Training

1. Systems Assessment Forms

- Standard 2.10 (Advanced Life Support)
 - Recommended Guidelines do not appear met. In next submission please provide update on progress of long range plan to meet this standard and reflect status accurately on both standard and Table 1.

C. ☒ ☐ Communications

D. ☒ ☐ Response/Transportation

1. System Assessment Forms

- Standard 4.05 (Response Time Standards)
Standard 4.13 (Intercounty Response)
 - Recommended Guidelines not met. In next submission please provide update on progress of long range plan to meet this standard and reflect status accurately on both standard and Table 1.

2. Ambulance Zone Forms

- Please see the attachment on the EMS Authority's determination of the exclusivity of Merced County's ambulance zones.

3. Exclusive Air Ambulance Zone

- In April of 2015, the United States Department of Transportation (DOT) released 'Guidelines for the Use and Availability of Helicopter Emergency Medical Transport (HEMS).' This document describes *"the regulatory and oversight framework for helicopter air ambulance operations that state emergency medical services (EMS) system planners should consider in developing regulations to help ensure patients receive appropriate medical attention and care."* Citing multiple sources, including the U.S. Constitution, the Airline Deregulation Act (ADA) of 1978 and various court rulings, the DOT states, in part, that *"a state may not impose economic regulations on air ambulance operators – specifically regulations related to an operator's prices, routes, or services – because these types of regulations are also preempted by federal law."*

Based on the positions outlined in this document, EMSA is unable to continue supporting the creation or existence of Exclusive Operating Areas (EOA's) for air ambulance service providers in the State of California. As a result, upon expiration in April of 2016, EMSA will no longer recognize Merced County EMS Agency's current EOA for air ambulance service providers.

E. ☒ ☐ Facilities/Critical Care

F. ☒ ☐ Data Collection/System Evaluation

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

1. Systems Assessment Forms

- Standard 8.08 (Inventory of Resources)
 - Recommended Guidelines not met. In next submission please provide update on progress of long range plan to meet this standard and reflect status accurately on both standard and Table 1.
- Standard 8.10 (Mutual Aid Agreements)
 - Minimum Standards does not appear met. Assessment does not indicate existence of medical mutual aid agreements at the local level. In next submission please provide update on progress of long range plan to meet this standard and reflect status accurately on both standard and Table 1.

IV. Conclusion:

Based on the information identified, Merced County may implement areas of the 2014 EMS Plan that have been approved. Pursuant to H&S Code § 1797.105(b):

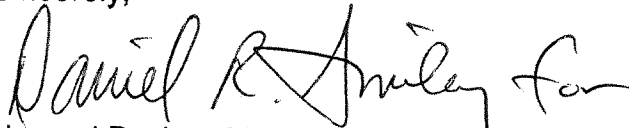
"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Merced County's annual EMS Plan Update will be due no later than October 28, 2016.

If you have any questions regarding the plan review please contact Jeff Schultz, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Amley for". The signature is written in a cursive, flowing style.

Howard Backer, MD, MPH, FACEP
Director

Attachment

COPY

For the 2013 Merced EMS Transportation Plan:

ZONE	EXCLUSIVITY			TYPE			LEVEL									
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance	
Merced County																
Merced County		X	Competitive Process	X					X	X	X	X				
Merced County		X	Competitive Process						X						X	

Merced County EMS Agency



5-Year EMS Plan & FY13/14 Annual Update

James Clark, EMS Administrator
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FY13/14 Merced County EMS Plan

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DEPARTMENT OF PUBLIC HEALTH

Emergency Medical Services Agency

Kathleen Grassi, RD, MPH
Director of Public Health
LEMSA Director

Ajinder Singh, MD CPE
EMS Medical Director

James Clark, MICP
EMS Administrator, MHOAC

Merced County 5-Year EMS Plan & FY13/14 Annual Update

EXECUTIVE SUMMARY

The delivery of emergency health care requires the participation of numerous independent individuals and organizations, including public safety agencies, ambulance services, physicians, and hospitals. Despite their autonomy, these organizations have high degrees of functional interdependence as they work to provide care, sometimes simultaneously, to individual patients. The emergency medical services system should be coordinated in order to ensure close cooperation, to limit conflict, and to ensure that the interests of the patients are primary in the system. Managing interdependence requires planning, standardization, and mutual adjustment. (From: EMS System Guidelines, Part I, EMS System Planning Guidelines, June 1993, EMSA #101).

One of the primary tasks of a Local Emergency Medical Services Agency (LEMSA) in California is the development of an EMS System Plan. Section 1797.254 of the Health and Safety Code calls for each LEMSAs to submit a five-year EMS plan, and annual plan updates to the California EMS Authority. The purpose of the plan, however, is more than to merely satisfy legal requirements. It should:

- Provide a framework for the planning and implementation of the local EMS system;
- Demonstrate that the local EMS system meets minimum state standards;
- Demonstrate that the local EMS system complies with applicable state laws and regulations;
- Demonstrate that the Local EMS Agency is planning, implementing, and evaluating a system which provides well-managed, patient-oriented emergency health care while coordinating resources with neighboring EMS systems; and
- Be useful to the Local EMS Agency in the development of long-range goals and annual work plans.

This plan identifies overall needs and objectives for the Merced County EMS system, in accordance with California's EMS System Standards and Guidelines. According to these Standards and Guidelines, EMS systems consist of the following components:

1. Manpower and Training (Standards and Guidelines 1.1 through 1.28)
2. Communications (Standards and Guidelines 2.01 through 2.13)
3. Transportation (Standards and Guidelines 3.01 through 3.10)
4. Assessment of Hospitals and Critical Care Centers (Standards and guidelines 4.01 through 4.22)
5. System Organization and Management (Standards and Guidelines 5.01 through 5.14)
6. Data Collection and Evaluation (Standards and Guidelines 6.01 though 6.11)
7. Public Information and Education (Standards and Guidelines 7.01 though 7.04)
8. Disaster Response (Standards and Guidelines 8.01 through 8.19)

In all, there are 121 Minimum Standards and Recommended Guidelines which Local EMS Agencies must address in their EMS plans. Minimum Standards are those which should be met by each Local EMS Agency. Recommended Guidelines are those which each EMS system should strive to meet whenever possible. The Merced County local EMS system meets most of the Minimum Standards and Recommended Guidelines. However, even though the local EMS system may meet a particular Minimum Standard or Recommended Guideline, there may be room for improvement and objectives may therefore be identified. Table 1 summarizes the status of the EMS Agency in meeting the State Standards and Guidelines.



DEPARTMENT OF PUBLIC HEALTH
Emergency Medical Services Agency

Kathleen Grassi, RD, MPH
*Director of Public Health
LEMSA Director*

Ajinder Singh, MD CPE
EMS Medical Director

James Clark, MICP
EMS Administrator, MHOAC

FY 13/14 EMS Plan Annual Update - Highlights of Major Changes

EMS Agency Leadership

Merced County EMS Agency (Agency) experienced leadership changes in FY 13/14. The EMS Administrator, who had been with the Agency for more than a decade, left Merced County to pursue other employment opportunities in March 2013. James Clark, MICP was hired as the new EMS Administrator in November 2013.

The EMS Medical Director, who had been with the Agency for approximately 18 years, submitted a letter of resignation in April 2013 but agreed to remain on contract until a replacement was secured. Ajinder Singh, MD CPE was retained on contract as the new EMS Medical Director in October 2014. Dr. Singh was identified through a Request for Qualifications (RFQ) process that was published in early June 2014.

Ground Ambulance Competitive Bid Process

In May 2013, the Agency retained Fitch and Associates to manage the development of a Request for Proposal (RFP) for an Exclusive Operator for Emergency Ambulance Service. Fitch and Associates conducted stakeholder meetings, drafted the RFP with input from staff, contributed to a local Ordinance update, and handled all aspects of the proposal review process including securing an expert review panel of non-interested EMS professionals.

On February 27, 2014, the Merced County Department of Administrative Services-Purchasing Division issued RFP #2013-001 seeking an Exclusive Operator for Emergency Ambulance Service and Secondary Medical Public Safety Answering Point for Merced County's Exclusive Operating Area (EOA) in accordance with Health and Safety Code Section 1797.224. The Department received two (2) responses to the RFP; American Medical Response (AMR) and Sierra Medical Services Alliance (SEMSA). Of the two (2) proposals received, SEMSA was identified as the most responsive bidder by the RFP review panel.

On September 9, 2014 the Merced County Board of Supervisors recommended the Agency Director, Kathleen Grassi, sign the five (5) year Exclusive Operator Agreement with SEMSA. The Exclusive Operator Agreement was signed by all parties with a contract Term of January 1, 2015 through December 31, 2019. A five (5) year extension may be granted upon SEMSA's satisfactory performance as determined by the Local EMS Agency.

EMS System

The most significant change to the Merced County EMS System contained in the five (5) year Exclusive Operator emergency ground ambulance contract that is effective January 1, 2015 is the establishment of new emergency response zones.

Rather than establishing response times and zones based upon geographical regions of the county, the newly established emergency response zones will be identified based upon population densities of the nine (9) incorporated and unincorporated cities and towns in Merced County. Urban responses, identified as "High Call Density" response zones, will include all areas within a city limit and include a one (1) mile buffer zone outside the city limit. All locations outside the one (1) mile buffer zone will be identified as "Low Call Density" response zones.

Trauma System

The Agency's previous Trauma System Plan Annual Update indicated that Mercy Medical Center (MMC) Merced had expressed an interest in seeking designation as a Trauma Center. In early 2014, discussions took place to consider whether MMC could be designated as a Level III Trauma Center. No further action has been taken by MMC toward Trauma Center designation to-date.

The Agency has established its Trauma Registry with the use of Clinical Data Management's TraumaBase© software and is partnered with Mountain-Valley EMS to receive trauma patient data from the two (2) Trauma Centers in Stanislaus County that Merced County transports its trauma patients to. Using this trauma data to establish a Trauma Registry, the Agency participates in the region's Trauma System.

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

Formal EMS Agency Staff and County organization structure are depicted in the organizational charts on pages 137 and 138 of this EMS Plan. Non-Agency resources include the Merced County Emergency Medical Care Committee (EMCC) comprised of 21 non-agency local EMS stakeholders with technical and clinical EMS related expertise and the Merced County Contract Compliance Committee (M4C). The Emergency Medical Care Committee serves as an advisory committee to the Board of Supervisors and the Merced County Emergency Medical Services Agency on emergency medical services related matters. The M4C serves as an advisory committee to the LEMSA on air and ground ambulance contract compliance issues.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency performs retrospective as well as prospective Continuous Quality Improvement (CQI) intended to measure where the EMS System is, and exploring ways to make things perform better. Merced County EMS' QI specifically attempts to avoid attributing blame, and to create systems to prevent errors from happening. The LEMSA attends CQI meetings of the EMS CQI Committee which covers personnel and events for both air and ground ambulance providers. The Merced County EMS Agency maintains local policy for CQI on its web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4971>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

The Merced County EMS Agency has mechanisms in place to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures. The Merced County Emergency Medical Care Committee (EMCC), the Merced County Contract Compliance Committee (M4C) and the Contract Oversight Workgroup (COW) are the primary mechanisms currently in place. The Emergency Medical Care Committee serves as an advisory committee to the Board of Supervisors and the Merced County Emergency Medical Services Agency on emergency medical services related matters. The M4C serves as an advisory committee to the LEMSA on air and ground ambulance contract compliance issues. The Contract Oversight Workgroup is primarily formed to meet and discuss the new ground ambulance contract which took effect January 1, 2015; customer/consumer feedback is discussed during these meetings.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

The Merced County EMS Agency hired a new Medical Director in October 2014. Dr. Ajinder Singh, MD, CPE, is board certified in Internal Medicine and has extensive emergency medical experience having worked in the local Hospital Emergency Departments in both Merced and Turlock, CA. Dr. Singh is a member of the Emergency Medical Directors Association of California and is Chair of the Emergency Department at Mercy Medical Center Merced, CA. Dr. Singh is also an ex officio member of the Merced County Emergency Medical Care Committee and participates in the Agency's EMS Policy & Procedure Development committee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency last updated and submitted its EMS Plan in 2012. This newly developed Plan is intended to cover the dates of Fiscal Year 2013/2014 and is a full and complete 5-Year Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

This newly developed EMS Plan is intended to cover the dates of Fiscal Year 2013/2014 and is a full and complete 5-Year Plan. This new Plan identifies progress made in plan implementation and any changes to the planned system design.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

The Merced County EMS Agency last submitted its Trauma System Status Report/Update to the Authority in December 2014. The Agency received its approval letter dated January 7, 2015. The next Trauma System Status Report/Update is due to be submitted to the Authority in January 2016.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination is accomplished through formal and informal communication with adjacent EMS agencies as well as participation with the local Office of Emergency Services (OES). There are no Trauma Centers in Merced County however the Merced County EMS System is in the catchment area of the two (2) Level II Trauma Centers located in Stanislaus County, just to north of Merced County. Merced County EMS Agency participates in the quarterly Trauma Audit Committee meetings held in Stanislaus County.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County is currently an Advanced Life Support (ALS) jurisdiction.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County EMS Agency has developed and maintains an inventory list of county-owned EMS and Public Health related resources. The Agency reviews and updates the list annually. Discussion of obtaining an Inventory Management System (IMS) has taken place recently but no decision has been reached at this time. ALS ambulance inventory is listed in EMS Policy located on the LEMSA web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4944>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS: MINIMUM STANDARD MET, RECOMMENDED GUIDELINE NOT MET

The EMS Agency needs to create a directory that identifies the various special population groups within the county. Translation services are available through the various 9-1-1 PSAPs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): Merced County EMS needs to research the effects of out-migration from other areas into Merced County on the EMS system and determine from this analysis the specific population groups requiring special services. Work with other programs with specialized data. Develop plans to enhance service delivery to the groups.

OBJECTIVE: Assure appropriate access to the EMS system by all individuals and groups, and coordinate for the development of enhancements for the special populations.

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year) XX

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

Merced County EMS has exclusive written agreements for response to EMS calls for service with Sierra Medical Services Alliance (SEMSA) for ground ambulance service and Air Methods for air ambulance service. The EMS Authority has approved Merced County's exclusive operating area which includes all jurisdictions within the county boundaries. The EMS Agency also maintains a written agreement with Mercy Medical Center, Merced for Base Hospital Services and helipad access. Relevant EMS System participants meet on a quarterly basis by attending the meeting of the Merced County Emergency Medical Care Committee (EMCC) where EMS related roles and responsibilities are identified and discussed in an open-to-the-public format. The County Board of Supervisors-approved EMCC bylaws further identify EMS System participant roles and responsibilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The duties of the Merced County Emergency Medical Care Committee (EMCC) as specified in California Health and Safety Code Section 1797.274 is to review the operations of each of the following at least annually:

- Ambulance services operating within the county.
- Emergency medical care offered within the county including programs for training large numbers of people in cardiopulmonary resuscitation and lifesaving first aid techniques.
- First Aid practices in the county.

The Merced County Emergency Medical Care Committee establishes an Emergency Medical Services Assessment Subcommittee tasked with assessing the local EMS operations. In accordance with California Health and Safety Code Section 1797.276, the Emergency Medical Care Committee shall, at least annually, report to the California Emergency Medical Services Authority, Merced County Board of Supervisors and the Merced County Emergency Medical Services Agency the Sub-Committee's observations and recommendations relative to its review of the emergency medical services. The Merced County Emergency Medical Services Agency will include the Emergency Medical Care Committee's observations and recommendations as part of the local Emergency Medical Services Plan annual update.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency is in process of reviewing and updating as necessary all of its EMS policies and procedures which by nature, serves as the primary tools to coordinate EMS System operations. The EMS Agency is also the primary coordinating agency for the 2015 Multi-Casualty Incident exercise; the exercise Tabletop Exercise is scheduled for May 22, 2015 with the Fully Functional Exercise to take place May 30, 2015. The EMS Agency is also working collaboratively with the Merced County Office of Emergency Services, EMS transportation agencies and local fire and law agencies to develop a Systems Approach to responding to violent incidents.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County EMS Agency maintains an EMS policy and procedures manual that contains all Agency policies and procedures. The EMS policy and procedure manual is available to all EMS System providers and participants online at the EMS Agency's web site:
<http://www.co.merced.ca.us/index.aspx?NID=593>

The EMS policy and procedure manual is currently being reviewed and updated by the Merced County Emergency Medical Care Committee's EMS Policy and Procedure Subcommittee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency establishes a compliance enforcement mechanism by establishing, by EMS policy, the Merced County Contract Compliance Committee (M4C). The EMS policy establishing the M4C can be located on the EMS Agency web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4969> For the ground ambulance service provider, SEMSA/Riggs, the EMS Agency reviews and monitors Emergency Response Zone and Response Time compliance on a daily basis using the FirstWatch system. The air ambulance service provider, Air Methods, submits their compliance data to the EMS Agency no later than the 20th day of the month preceding the month the data is created. The EMS Agency is currently working with FirstWatch to create an Online Compliance Unit to monitor response time compliance for the air ambulance provider. Following the EMS Agency review of compliance data, the M4C will meet on a bi-monthly basis to perform a final review and make recommendations to the EMS Agency for resolution of any compliance deviations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County EMS Agency utilizes the following Revenue Mechanisms to fund its operations:

- Merced County General Fund.
- Penalties, Fines and Forfeits from ambulance service providers' non-compliance to contract requirements.
- Licenses, Permits, Certifications and Ambulance Service Provider License Fees.
- Maddy Fund.
- Public Health Emergency Preparedness Grant.
- Hospital Preparedness Grant.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency has two (2) acute care hospitals within its jurisdiction. Mercy Medical Center, Merced has been designated as the sole Base Hospital with a written agreement in place to provide online medical direction. Memorial Hospital, Los Banos is a local receiving facility. There are no designated Trauma Centers in Merced County.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County EMS Agency has a written agreement with Mercy Medical Center, Merced to serve as the only Base Hospital in the Merced County EMS System. The Agency works collaboratively with neighboring EMS Agencies of Mountain-Valley EMS and Central California EMS Agency on any medical direction issue that may arise during day-to-day activities. Overall medical direction is provided to the Merced County EMS System by the EMS Agency Medical Director, Dr. Ajinder Singh and by the Base Hospital by the Base Station Medical Director. Pre-hospital and hospital providers meet quarterly at the Emergency Medical Care Committee to discuss and resolve EMS System issues including those that pertain to both off-line and on-line medical direction.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

Merced County EMS Agency establishes its QA/QI program by EMS policy found on its web site:

<http://www.co.merced.ca.us/DocumentView.aspx?DID=4971> The local prehospital care providers have each established their own in-house QA/QI programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

The complete set of Merced County EMS policies and procedures that pertain to the list above can be located on its web site:

<http://www.co.merced.ca.us/index.aspx?NID=593>

In addition, the EMS policy governing EMS Dispatching utilizing pre-arrival/post dispatch instructions can also be located on its web site:

<http://www.co.merced.ca.us/DocumentCenter/Home/View/4947>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County EMS policy, which is in accordance with the EMS Authority's DNR guidelines regarding Do Not Resuscitate (DNR), can be located on its web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4960>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County EMS policy regarding determination of death, including deaths at the scene of apparent crimes, can be located on its web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4959>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency maintains an online reporting mechanism that is utilized by EMS providers to report cases of suspected abuse. The online Report Form can be located on its web site: <http://www.co.merced.ca.us/Forms.aspx?FID=41>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency maintains EMS policy related to practice of pre-hospital medical personnel during interfacility transfers. The Interfacility Transfer policy can be located on the EMS Agency web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4956>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): none

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

Merced County has developed exclusive operating areas for both of its ALS providers. SEMSA/Riggs is the exclusive ALS ground ambulance service provider and Air Methods is the exclusive ALS air ambulance service provider. The exclusive operating area for both provider includes all jurisdictions within the boundaries of Merced County. Exclusive operating areas for both providers are established by competitive bid process and is approved by the EMS Authority. The written agreement with SEMSA/Riggs began January 1, 2015 and expires December 31, 2019; the agreement is renewable for a 5-year extension based upon satisfactory performance as determined by the LEMSA. The written agreement with Air Methods expires March 31, 2016 and is not renewable past this date. It is the intent of the EMS Agency to develop and execute a competitive bid process for air ambulance service prior to the expiration of the agreement.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

Merced County EMS Agency has developed policy to establish standards for the designation, implementation and evaluation of a base hospital within Merced County. The designated Base Hospital, Mercy Medical Center, Merced utilizes on-duty Base Hospital physicians and authorized Mobile Intensive Care Nurses (MICN/RN) to provide online medical direction to EMS providers. The EMS policy regarding medical control plan can be found on the EMS Agency web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4950>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County's Trauma System Plan was developed in 2005 and subsequently approved by the EMS Authority in a letter dated February 6, 2006. Annual Trauma System Status Reports have been submitted to the Authority each year. The latest update to the Trauma System Plan was submitted December 2014. The EMS Authority approved the Trauma System Status Report and informed the Merced County EMS Agency of such in a letter dated January 7, 2015. The next Trauma System Status Report is due to be submitted to the Authority in January 2016.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County Trauma System Plan identifies two (2) Level II Trauma Centers in Stanislaus County and Valley Children's Hospital in Madera County as the most appropriate facilities to treat critically ill or injured pediatric patients. Pediatric patients not meeting Trauma Criteria are treated at local receiving facilities. Merced County EMS Agency's written policy regarding Trauma System Organization and Management, which covers pediatric patient needs, can be found on its web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4952>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

1.28 EOA PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency has submitted its FY13/14 and 5-year EMS Plan for The Authority to review. The EMS Plan contains the Ambulance Zone Summary Forms that describe how the granting of exclusive operating areas takes place by competitive bid process whereby the optimal system design for ambulance and advanced life support services in Merced County is determined. The Ambulance Zone Summary Forms also describe the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas. Merced County recently executed and completed a competitive bid process for exclusive ground ambulance service. The process resulted in a contract with SEMSA/Riggs Ambulance Service for a 5-year term of January 1, 2015 – December 31, 2019. Merced County will begin the process this year (2015) to conduct a competitive bid process for air ambulance service. The current air ambulance service contract with Air Methods will expire March 31, 2016.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Personnel and training needs are identified by the QA/QI process and random patient care report reviews. When training needs become known, the EMS Agency works with its providers to place training topics into the training programs. The ground ambulance service provider performs "Mandatory Training" for all of its personnel on a quarterly basis. This provides an excellent opportunity for EMS Agency input of training topics. Currently, The EMS Agency is working with Merced City Fire Department, Merced Municipal Airport, Merced County Office of Emergency Services and the Merced County Public Health Emergency Preparedness program to execute a multi-agency/Multiple Casualty Incident functional exercise that is scheduled to occur on May 30, 2015.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency maintains a policy that creates the mechanism to approve EMS education programs in Merced County. The policy for approving EMT-1 Training Programs is located on the EMS Agency's web site:

<http://www.co.merced.ca.us/DocumentCenter/Home/View/4937>

The policy for approving Paramedic Training Programs is located on the EMS Agency's web site:

<http://www.co.merced.ca.us/DocumentCenter/Home/View/5091>

Continuing Education Provider Requirements are listed here on the web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4936>

Standards for EMS Continuing Education are also listed in policy: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4938>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.03 PERSONNEL

MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency is an approved certification issuing agency. The EMS Agency certifies and recertifies EMT-1, Authorizes Mobile Intensive Care Nurses (MICN), Emergency Medical Dispatchers (EMD) and locally accredits Paramedics. Agency policy can be found as follows:

- EMT-1 Certification: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4929>
- EMT-1 Maintenance and Re-Certification: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4930>
- MICN Authorization: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4934>
- MICN Re-Authorization: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4935>
- Emergency Medical Dispatcher Authorization: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4926>
- Paramedic Accreditation: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4932>

The EMS Agency maintains an online Incident Report that sends email notification to the Agency for reporting of unusual occurrences that could impact EMS personnel certification. The online Incident Report is located on the EMS Agency web site:

<http://www.co.merced.ca.us/forms.aspx?fid=41>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

All Merced County EMS Agency-authorized Emergency Medical Dispatchers receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines (EMSA Guideline #132). The policy that governs the qualifications of EMDs is located on the EMS Agency's web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4926>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

With the exception of law enforcement, all Merced County full-time/paid EMS responders on non-transporting first response units possess EMT-1 level certification and first-aid and CPR with AED training. All fire department units that respond to emergency medical calls are equipped with AEDs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.06 RESPONSE

MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

All fire suppression agencies in Merced County provide a BLS medical response in accordance with Merced County EMS Agency Policies and Procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Non-transporting EMS first-responders operate under the medical direction policies specified by the Merced County EMS Agency's Medical Director. The full listing of the Merced County EMS Agency's Policies and Procedures can be found on its web site:

<http://www.co.merced.ca.us/index.aspx?NID=593>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

All emergency medical transport vehicle personnel are currently certified to at least the EMT-I level. All contract emergency 911 ground transport ambulances are staffed at all times with one certified EMT-I and one licensed Paramedic. All EMT-1s are trained to provide defibrillation using an AED.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.09 CPR TRAINING

MINIMUM STANDARDS:

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

All hospital allied health personnel who provide direct emergency patient care have been trained in either Basic CPR or Advanced Cardiac Life Support (ACLS).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE**OBJECTIVE: N/A****TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS: MEETS MINIMUM STANDARD UNKNOWN IF RECOMMENDED GUIDELINE IS MET

All emergency department physicians and registered nurses who provide direct emergency patient care are trained in providing advanced life support. ER Physicians rotate duty at Mercy Medical Center as part of a Physician Group. It is not readily known if all of the physicians belonging to the Physician Group are all certified by the American Board of Emergency Medicine.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): SURVEY BOTH LOCAL HOSPITALS TO ASCERTAIN THE BOARD CERTIFICATION STATUS OF THEIR EMERGENCY DEPARTMENT PHYSICIANS

OBJECTIVE: TO ENCOURAGE EMERGENCY DEPARTMENT PHYSICIANS TO BE AMERICAN BOARD OF EMERGENCY MEDICINE CERTIFIED

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year) XX

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

All Paramedics are oriented to the local system policies and procedures, tested in optional scope of practice as required, and participate in the Merced County EMS Agency's quality assurance process. The LEMSA accredits all Paramedics in the local EMS system and maintains records that track their accreditation status. The EMS Agency's Paramedic Accreditation policy is located on its web site:
<http://www.co.merced.ca.us/DocumentCenter/Home/View/4932>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County EMS Agency establishes policy and procedure for public safety and other basic life support personnel using AEDs in Merced County. All BLS and ALS responders working in the Merced County EMS System are trained to the American Heart Association Healthcare Provider w/ AED level or equivalent. The EMS Agency's "Public Safety AED Service Provider" policy is located on its web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4927>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County's base hospital, Mercy Medical Center, Merced, uses emergency department physicians and Mobile Intensive Care Nurses (MICN) to provide online medical direction to the field paramedics. These base hospital physicians and MICNs are trained and knowledgeable in radio communications techniques and local EMS policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

The Merced County EMS Agency, working with the Merced County Office of Emergency Services (OES), has established a communication system for the ground and air ambulance providers in the County. Ambulance personnel communicate with the EMS Dispatch Center using the Med Net 9 Channel. Ambulance personnel use the Med Net 8 Channel and mobile cellular telephones to communicate with the base hospital, Mercy Medical Center, Merced. There are no non-transporting advanced life support responders in the County. The County OES has a written communications plan which incorporates EMS and the use of Med Net radio channels and mobile cellular telephones. Satellite phones are currently not in use in the Merced County EMS System.

COORDINATION WITH OTHER EMS AGENCIES:

Emergency medical transport units originating from Merced County occasionally transport patients across county lines to hospitals in neighboring counties. As part of the plan for EMS communications, Merced County EMS Agency has ensured that the medical transport units are capable of radio transmissions to hospitals in neighboring counties via the Med Net radio system or by using mobile cellular telephones. The medical transport units that operate in Merced County are also capable of radio communications to out-of-county responders via the CALCORD channel as well as by using the Med Net radio system and mobile cellular telephones.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.02 RADIOS

MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

The Merced County EMS Agency has established a communication system for the ground and air ambulance providers in the County. Ground and air ambulance personnel utilize UHF hand-held and mobile radios installed in each ambulance to communicate with the dispatch center on the Med Net 9 Channel and the base hospital, Mercy Medical Center, Merced on the Med Net 8 Channel. The air and ground ambulance providers are also equipped with VHF hand-held radios to provide communications with all other first responders including all local fire and law enforcement agencies in the County. There are no non-transporting advanced life support responders in the County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

All Merced County authorized emergency ambulances have the ability to communicate with both the sending and receiving facilities by mobile telephone. Emergency medical transport units originating from Merced County occasionally transport patients across county lines to hospitals in neighboring or even non-contiguous counties. As part of the plan for EMS communications, Merced EMS County Agency has ensured that the medical transport units are capable of radio transmissions to hospitals in other counties via the Med Net radio system or by using mobile cellular telephones. The medical transport units that operate in Merced County are capable of radio communications to out-of-county responders via the CALCORD channel as well as by using mobile cellular telephones.

COORDINATION WITH OTHER EMS AGENCIES:

See Standard 3.01 above. All Merced County authorized emergency ambulances have the ability to communicate with both the sending and receiving facilities by mobile telephone.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

All Merced County-authorized emergency ground and air transport ambulances, where geography allows, have the ability to communicate with the Merced County EMS Dispatch Center while using mobile and portable Med Net radios and cellular telephones.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.05 HOSPITALS

MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

There are 2 acute care hospital in the County, Memorial Hospital, Los Banos and Mercy Medical Center, Merced. Mercy Medical Center is the designated Base Hospital. Both hospitals have the ability to communicate with each other via two-way radio and landline (hard-wired) telephone. Internet-based EMSsystem is used for communications between the two local hospitals as well as with other hospitals in the region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency conducts annual exercises that are developed to examine EMS-related operational objectives. Testing Communications Linkages is a common objective to each of these exercises. The most recent fully-functional MCI/Disaster Exercise was held May 30, 2015 at the Merced Municipal Airport. Communications Linkages between BLS First Responders, ALS ground and air transport providers and the base hospital were tested during this latest Exercise.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): none

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

Merced County EMS participates in a local planning committee that integrate local agencies' operations into the several individual Public Safety Answering Points (PSAP) in the County. This committee is known as the Merced Operational Area Regional Interoperable Communications System (MOARICS). Merced County EMS oversees the planning and coordination of the single EMS Dispatch Center which serves as a secondary local PSAP.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency supports the EMS Dispatch Center in a wide variety of events as they promote 9-1-1 services education. These include community events, school programs, and other public education programs. Each month, the exclusive ground ambulance service provider provides a report to the EMS Agency that describes the community activities that were accomplished during the prior month. These reports contain the amount of time they have spent providing public education activities and how many people attended the activities..

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

The Merced County EMS Dispatch Center is staffed with authorized Emergency Medical Dispatchers who provide necessary triage by use of Medical Dispatch Cards which will identify the proper medical response (emergency or non-emergency response) and pre-arrival instructions. Merced County EMS Agency maintains a policy for Emergency Ambulance Dispatching on its web site:

<http://www.co.merced.ca.us/DocumentCenter/Home/View/4947>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

Merced County EMS Agency coordinates requests for services using standardized radio frequencies for the dispatch and coordination of system-wide emergency medical services. The exclusive operator for ground ambulance coverage is responsible to develop deployment plans to ensure appropriate system-wide ambulance coverage during periods of peak demand. The EMS Agency has access to all staffing and deployment plans for review as may be required on a 24/7 basis.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

Merced County has established Ordinance #1911 titled "Regulation of Ambulance Service and Convalescent Transport" which is codified in Merced County Code §9.44 et. seq. The ordinance establishes the Local EMS Agency as the leading county authority for designation of emergency medical transportation service areas and exclusive operating areas, the licensing and regulation of emergency and non-emergency ambulance and convalescent transport services and the letting of any contracts.

Ambulance Ordinance #1911 reads in part:

... It is further declared to be the policy of the Merced County board of supervisors that all persons within the county of Merced have access to emergency ambulance services, regardless of their location within the county. This policy shall guide the board of supervisors, the emergency medical care committee (hereinafter EMCC), and the local emergency medical services agency (hereinafter LEMSA) in their respective duties under this chapter, including the designation of exclusive operating areas, the licensing and regulation of emergency ambulance services and the letting of any contracts.

... It is further declared to be the policy of the Merced County board of supervisors in enacting the ordinance codified in this chapter that the local regulation and licensing/authorization of emergency ambulance services and specified special event medical services, including the granting of exclusive operating areas by the LEMSA, all as set forth herein, is done in recognition of, and pursuant to, the Emergency Medical Services System and Pre-hospital Emergency Medical Care Personnel Act as set forth in Division 2.5 of the California Health and Safety Code.

Merced County EMS Agency has determined that for air and ground ambulance exclusivity, the entire Merced County jurisdiction is a single Exclusive Operating Area (EOA).

COORDINATION WITH OTHER EMS AGENCIES:

Merced County EMS Agency has, through the competitive bid process, identified the entire Merced County jurisdiction as one (1) exclusive operating area for both air and ground ambulance services. The EMS Agency has worked cooperatively with both neighboring EMS Agencies including Mountain-Valley and Central California EMS Agency to develop agreements and understandings regarding mutual aid requests as well as agreements and understanding about Merced County exclusivity.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.02 MONITORING

MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

Medical transportation services, both emergency and non-emergency and convalescent transport services, operate under Merced County Ambulance Ordinance #1911. Ambulance Ordinance #1911 provides the mechanism for licensure of emergency medical transport services. Written agreements with the County mandate ambulance service provider compliance with appropriate statutes, regulations, policies, and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County EMS Medical Director has approved and authorized for use an Emergency Medical Dispatch card system. The card system utilizes a series of questions that are intended to assist the Emergency Medical Dispatcher in classifying medical requests for service.

Beginning January 1, 2015, the County entered into a new contract with its Emergency Ambulance Service Provider, Sierra Medical Services Alliance (SEMSA). The contract defines emergency responses and specific requirements for meeting the County's response standards for emergent, urgent and non-emergent requests for service. On a monthly basis, the County reviews the Emergency Ambulance Service Providers' Performance Reports which identifies each emergency call dispatched which did not meet the County's response time standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency maintains a policy governing Interfacility Transfers on its web site:
<http://www.co.merced.ca.us/DocumentCenter/Home/View/4956>

Whenever Emergency Ambulance response volume necessitates temporary delays in non-emergency responses, Providers shall notify the individual or organization requesting such service to explain the reasons for the temporary delay and shall furnish a realistic estimate of when service will be available. Notification of the individual or organization does not reduce or eliminate penalties for such delays and the original Response Time requirements will be used to calculate any penalties. Providers shall make every reasonable effort to reduce and eliminate delays for those utilizing non-emergency services.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: MEETS MINIMUM STANDARD RECOMMENDED GUIDELINE NOT MET

The Merced County EMS Agency has established Response Time Standards for the contracted ground emergency ambulance service provider as defined in the tables below:

Response Time Compliance Requirements - All Merced County Emergency Response Zones

Priority Level	Compliance	High Call Density (A)	Low Call Density (B)
Priority 1 Emergent	90%	≤ 10:59	≤ 19:59
Priority 2 Urgent	90%	≤ 10:59	≤ 19:59
Priority 3 Non-Emergent	90%	≤ 19:59	≤ 29:59
Priority 4 IFT	90%	+/- 15 minutes (scheduled) or ≤ 59:59 minutes	
Priority 5 CCT	90%	+/- 15 minutes (scheduled) or ≤ 89:59 minutes	

Providers will be deemed to be in compliance with response time standards if ninety percent (90%) or more of all events in which a transport ambulance arrives on scene, measured monthly, meet the specified response times. The EMS Agency does not regulate BLS and CPR Capable First Responder response times beyond establishing an industry standard of responding "as quickly as possible."

COORDINATION WITH OTHER EMS AGENCIES:

Merced County EMS Agency has agreements and understandings with neighboring counties for automatic and mutual aid responses into and out of Merced County. The agreements cover issues where response times are too great for medical transport units, in the event the number of calls for service exceeds the number of available ambulances or when the closest available ambulance from a neighboring county is the closest medical transport unit to the incident scene.

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

NEED(S): Additional emergency ambulance hours to be available in the EMS system to reduce the response times to comply with the EMSA Recommended Guidelines.

OBJECTIVE: To work with the County's contract emergency ambulance service provider to assist them with adding ambulance hours into the EMS system in a way that is profitable, efficient and effective.

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year) XX

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.06 STAFFING

MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Current Merced County EMS Policy #431.00 – ALS Unit Equipment and Supply Inventory identifies the equipment required of advanced life support emergency medical transport vehicles operating in Merced County. The Emergency Ambulance Agreement (January 1, 2015 – December 31, 2019) identifies the minimal staffing level of ALS ambulances operating in the Merced County EMS EOA shall be one EMT-1 (basic) and one EMT-P (paramedic). The level of staffing and equipment in Merced County meet all current state regulations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

BLS First Responder agencies are fully integrated into the Merced County EMS system. Each First Responder agency uses EMT-1 level personnel in response to medical emergencies. These first response personnel use the Basic Life Support treatment protocols approved by the Merced County EMS Agency and use industry-standard EMS supplies and equipment. The BLS first response personnel are also authorized to provide defibrillation using Automated External Defibrillators (AED).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The City of Merced hosts Air Methods, Corp as a Merced County Exclusive Operator for air ambulance service provider at a station located at the Merced Municipal Airport. The Merced County EMS Agency Policy #470.00 identifies the process for categorizing medical and rescue aircraft and policies and procedures for EMS aircraft operating in Merced County, including the bullet pointed items above.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County EMS has policy that allows day-to-day mutual aid of air ambulances to neighboring counties.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has designated the Merced County EMS Dispatch Center, which operates as a secondary PSAP, as the authorized dispatch center to coordinate the use of air ambulances or rescue aircraft.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aero-medical services operating within the EMS area.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency maintains the only EOA for air ambulance services currently approved in the state of California. In the EOA agreement between the County and its air ambulance service provider, Air Methods, staffing availability is required to be provided 24/7 while minimum staffing level is one Flight Paramedic (EMT-P) and one Flight Nurse (R.N.).

COORDINATION WITH OTHER EMS AGENCIES:

EMS operations are identified in Merced County EMS Policy #470.00. The EMS Agency maintains a written agreement with its exclusive air ambulance service provider, Air Methods, to serve Merced County and the neighboring counties when requested to fly out-of-county missions.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

Merced County Sheriff's Office maintains a Search and Rescue Team where all-terrain vehicles and water rescue vehicles are available. When the need is identified in the field, the County EMS Dispatch Center makes direct requests to the Sheriff's Office for these resources to be deployed.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County EMS will work with the local Sheriff Office for any need of specialty vehicles and will request out-of-county resources through the Merced County Office of Emergency Services should any needed resource not be available locally.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County Operational Area Emergency Operational Plan identifies the Medical/Health Operational Area Coordinator (MHOAC) or designated Medical/Health Branch Leader (EOC Operations) for authorization to request the mobilization of response and transport vehicles during a disaster.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

CURRENT STATUS: MEETS MINIMUM STANDARD RECOMMENDED GUIDELINE NOT MET

For day-to-day mutual aid responses, it is stipulated in the state Master Mutual Aid Plan that the surrounding counties of San Benito, Stanislaus and Fresno each agree to bear their own costs related to inter-county responses.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County EMS Agency needs to coordinate with surrounding Local Emergency Medical Services Agencies to review and update written agreements as deemed necessary.

NEED(S): Merced County EMS does have agreements with contiguous counties that allow for day-to-day mutual aid responses across county lines. However, there are no formal written agreements that identify financial responsibility for longer-term mutual aid responses.

OBJECTIVE: Develop Memorandum of Agreements with contiguous counties that will identify financial responsibility for long-term mutual aid responses.

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE

Short-Range Plan (one year or less)

Long-Range Plan (more than one year) XX

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County EMS Agency Policy #810.00 Multi Casualty Incident (MCI) – Field Operations contain the response plans and procedures that include provision for on-scene medical management using the Incident Command System. The Incident Command System (ICS) is fully integrated into all EMS Agency field operations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.15 MCI PLANS

MINIMUM STANDARDS:

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County EMS Agency Policy #810.00 Multi Casualty Incident (MCI) – Field Operations contain the response plans and procedures that include provision for on-scene medical management using the Incident Command System. The County MCI Plan utilizes state standards and guidelines as required.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

The advanced life support units are currently staffed with an ALS/BLS crew configuration. It has been determined that units will not be staffed with two ALS crew members. The BLS crew members of ALS response vehicles are not currently trained and authorized to operate available defibrillators which are carried on the ALS transport units, i.e., manual defibrillators. However they are trained in the use of AEDs which are carried by fire department first responders.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency policy establishes the equipment required for ALS ambulances commensurate with the advanced life support scope of practice in the County. This policy has been reviewed by the Prehospital Advisory Committee and has been incorporated into the EMS Policy and Procedure Manual. The ALS Unit Equipment and Supply Inventory is contained in EMS Policy # 431.00.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County Board of Supervisors adopted an Ambulance Ordinance (Ambulance Ordinance #1911) in November 2014. The Ambulance Ordinance ensures that EMS transportation agencies comply with applicable policies and procedures while written agreements with all ambulance service providers stipulates requirements for system operations and clinical care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County's Transportation Plan addresses minimum standards for transportation services, optimal transportation system efficiency and effectiveness. The Plan is incorporated into the 5 year Emergency Ground Ambulance Agreement which is effective January 1, 2015 and expires midnight on December 31, 2019. The County granted the EOA to the current ambulance service provider, Sierra Medical Services Alliance (SEMSA), based on the competitive bid provision of Health & Safety Code §1797.224 and the EMS Authority's EOA approval dated February 24, 2014.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The County granted the EOA to the current ambulance service provider, Sierra Medical Services Alliance (SEMSA), based on the competitive bid provision of Health & Safety Code §1797.224 and the EMS Authority's EOA approval dated February 24, 2014. There are no providers located in Merced County that qualify for the "grandfathering" provision of California Health and Safety Code §1797.224.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County issued competitive Request for Proposals (RFP) bid #2013-001 titled "Exclusive Operator for Emergency Ambulance Service and Secondary Public Safety Answering Point" on February 27, 2014. Sierra Medical Services Alliance (SEMSA) was selected as the most responsive bidder and was awarded the EOA contract. The RFP and resulting written agreement with SEMSA requires compliance with applicable policies and procedures regarding system operations and patient care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.22 EOA EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The design of Merced County's Exclusive Operating Area was last evaluated during the County's competitive Request for Proposals (RFP) bid #2013-001 titled "Exclusive Operator for Emergency Ambulance Service and Secondary Public Safety Answering Point" published on February 27, 2014. Merced County's Emergency Ambulance Zone was approved by the California EMS Authority on February 14, 2014.

The Merced County Emergency Ambulance Agreement with Sierra Medical Services Alliance, by design, also serves as the foundation of the Merced County EMS Transportation Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

The Merced County EMS Agency has a written agreement with Mercy Medical Center for services associated as the County-designated paramedic base station hospital. EMS Agency assessment of local base and receiving hospitals' EMS-related capabilities is accomplished through the CQI process in which the hospitals participate.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced EMS Agency has developed a trauma triage protocol which assists first responders and hospitals in determining the need to transport patients to the Trauma Centers located in Stanislaus County. The EMS Agency also maintains policy #520.00 which establishes patient transfer protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County EMS Agency has a Trauma/Triage algorithm that is intended to identify trauma victims that fit the established trauma criteria to be transferred to Level II Trauma Centers in the neighboring Stanislaus County.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency has developed a Trauma System Plan that utilizes established guidelines and agreements to identify patients who should be considered for transfer to facilities of higher capability. Those facilities are located in Stanislaus County where it is agreed that transferred patients will be received by the Trauma Centers on a rotating basis. Mercy Medical Center Merced is the County-designated base hospital and maintains written patient transfer agreements with other hospitals and trauma centers. The EMS Agency also maintains policy #520.00 which establishes patient transfer protocols.

COORDINATION WITH OTHER EMS AGENCIES:

See Standard 5.02 above. Merced County EMS Agency has a Trauma/Triage algorithm that is intended to identify trauma victims that fit the established trauma criteria to be transferred to Level II Trauma Centers in the neighboring Stanislaus County.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County has designated 3 types of specialty care facilities that will accept specified groups of patients that may be transported or transferred from Merced County:

- Valley Children's Hospital, Madera – Pediatric Patients
- Community Regional Medical Center, Fresno – Burn Patients
- Doctor's Medical Center, Modesto – Level II Trauma Center
- Memorial Hospital North, Modesto – Level II Trauma Center

COORDINATION WITH OTHER EMS AGENCIES:

Merced County EMS Agency participates with neighboring EMS Agencies of Mountain-Valley and Central California EMS Agency Trauma Audit Committees to determine appropriate specialty care facilities for patients that may be transferred from Merced County.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

The Merced County EMS Agency has a Mass Casualty Incident (MCI) management plan. The Agency has developed procedures for coordinating communications and patient flow during a mass casualty incident. The MCI Plan is incorporated into the EMS Policy and Procedure Manual as EMS Policy #810.00. The EMS Agency conducted a mass casualty incident fully functional drill which was conducted May 30, 2015 where the base hospital participated and exercised their role as Disaster Control Facility (DCF).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Evacuation policies and procedures have been developed by the local hospitals as required by State law. EMS is included in the evacuation plans to transport patients who need medical monitoring to other receiving facilities as needed.

COORDINATION WITH OTHER EMS AGENCIES:

Hospital evacuations will be addressed by mutual aid to/by the other local hospital or to neighboring counties according to Merced County OES disaster plans.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Mercy Medical Center, Merced, has been designated by the EMS Agency as a paramedic base hospital. The hospital provides medical direction to prehospital personnel as described in EMS Plan Standard 3.0 "Communications." The base hospital uses on-duty physicians and Mobile Intensive Care Nurses to provide online medical direction of pre-hospital EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Medical transport units originating in Merced County have the ability to communicate via mobile telephone or radio to base hospitals in neighboring counties to receive medical direction when necessary.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County Trauma System Plan was approved by the EMS Authority by letter dated February 15, 2006. Annual Trauma System Status Reports are submitted in accordance to California Code of Regulations, Title 22, Section 100253 with the last Annual report approved by letter dated January 7, 2015. The next Annual Trauma System Status Report is due January 2016.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County's Trauma Plan has been developed in which input was sought from prehospital and hospital providers and consumers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

There are not any pediatric emergency medical and critical care facilities located in Merced County. This need is met by directing Emergency Departments to consider transporting critically ill or injured pediatric patients to Valley Children's Hospital located in adjacent Madera County. Pediatric Treatment and Transport guidelines are located on the EMS Agency web site:

<http://www.co.merced.ca.us/DocumentCenter/Home/View/396>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

There are not any pediatric emergency medical and critical care facilities located in Merced County. This need is met by directing Emergency Departments to consider transporting critically ill or injured pediatric patients to Valley Children's Hospital located in adjacent Madera County. Pediatric Treatment and Transport guidelines are located on the EMS Agency web site:

<http://www.co.merced.ca.us/DocumentCenter/Home/View/396>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

There are not any pediatric emergency medical and critical care facilities located in Merced County. This need is met by directing Emergency Departments to consider transporting critically ill or injured pediatric patients to Valley Children's Hospital located in adjacent Madera County. Pediatric Treatment and Transport guidelines are located on the EMS Agency web site:

<http://www.co.merced.ca.us/DocumentCenter/Home/View/396>

Pediatric treatment and transport guidelines are located in the EMS Policy Manual. Prehospital and hospital providers and consumers have input to all EMS policy and procedure development by way of publicly open Emergency Medical Care Committee (EMCC) meetings. EMCC meetings are held on the first Wednesday of January, April, July and October of each year.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The approved Merced County Trauma Plan identifies specialty care plans for EMS-targeted clinical conditions which determine the optimal system for the specific condition involved.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Input about special projects from prehospital and hospital providers are sought during open discussion and planning sessions which take place during the Quarterly Emergency Medical Care Committee meetings. Consumers may attend these meetings and provide input on any issue pertaining to specialty care systems.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

Current EMS policy establishes a system-wide quality assessment program to evaluate the services provided within the Merced County EMS system. Specific EMS responses (cases) are selected for review by a Quality Assessment Committee administered by the providers' Clinical Managers and in cooperation with the EMS Agency. The cases are selected using several criteria: (1) cases that appear to have been managed contrary to established policies and protocols, (2) cases that demonstrate exceptional practice by EMS providers, (3) cases that are the target of specific study (e.g., pediatric emergencies), and (4) other criteria, as appropriate.

A computer-generated electronic patient care record (ePCR) is completed for every patient treated by advanced life support personnel in the field and is the primary source for selecting clinical cases for review.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency maintains policy titled "Documentation of Patient Contact" on its web site:

<http://www.co.merced.ca.us/DocumentCenter/Home/View/4961> A computer-generated electronic patient care record (ePCR) is completed for every dispatch and every patient contact by advanced life support transport personnel. BLS non-transporting personnel generate a response report according to their own agency's policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS: MEETS MINIMUM STANDARD RECOMMENDED GUIDELINE NOT MET

Prehospital care records are audited by the EMS Agency by both a random and select basis depending on the particular informational need.

Merced County EMS Agency does have the means to link prehospital records with dispatch records via the Zoll CAD dispatch interface. However there is not yet a Health Information Exchange (HIE) network available in Merced County to link those records with emergency department and discharge records. Merced Department of Public Health has recently hosted a summit where local health care leaders assembled to discuss establishing a Health Information Exchange Organization by partnering with Central Valley HIE.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): Health Information Exchange Organization.

OBJECTIVE: To partner with the Central Valley Health Information Exchange Organization for the bi-lateral exchange of patient care information between EMS and the two (2) local hospitals.

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year) XX

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency maintains policy titled "Emergency Medical Dispatcher Authorization on its web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/4926> as well as a policy titled: "Emergency Ambulance Dispatching": <http://www.co.merced.ca.us/DocumentCenter/Home/View/4947>

Emergency Medical Dispatchers are trained individuals who have successfully completed an Agency approved EMD course of instruction that is consistent with the standards adopted by the California State EMS Authority for EMDs, Level II Priority Dispatching. These trained dispatchers possess current EMD Member Certification issued by the National Academies of Emergency Dispatch (NAED).

All medical dispatch radio and telephonic traffic is recorded and is readily available to the EMS Agency to review and monitor the appropriateness of pre-arrival/post dispatch directions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINE

Merced County EMS utilizes the Sansio "Health EMS" product as its electronic patient care record system for patient and response data management. Trauma registry data includes all data elements, including hospital data and is captured in a TraumaBase© trauma registry.

COORDINATION WITH OTHER EMS AGENCIES:

The Sansio "Health EMS" product is capable of supplying other EMS Agencies and organizations with requested data in a timely fashion.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

System design is evaluated by review of response times, patient outcomes and other operational performance standards. The Zoll RescueNet computer aided dispatch (CAD) system in place at Merced County EMS Communications Center does assist in the evaluation of the EMS system design and operations and the assessment of resources (personnel and equipment) needed to adequately support the EMS response system. The appropriateness of (medical) guidelines and standards are evaluated by the EMS Medical Director and are based on state and national guidelines and standards. The EMS Agency is aware of the need to develop and maintain an evaluation program for prevention strategies tailored to community needs. (See also Standard 1.18 "QA/QI").

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Current EMS Policy establishes a system-wide quality assessment program to evaluate the services provided within the EMS system. The Merced County EMS Agency has executed written agreements with the local base hospital and paramedic service providers to participate in the quality assessment program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.08 REPORTING

MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County Emergency Medical Care Committee (EMCC) submits its observations and recommendations to the county Board of Supervisors and acts in an advisory capacity to the county Board and to the local EMS agency on all matters relating to emergency medical services. The Merced County Emergency Medical Care Committee has established an EMS Assessment Subcommittee whose duty is to at least annually, report to the Authority and the EMS agency its observations and recommendations relative to its review of the ambulance services, emergency medical care, first aid practices, programs for training people in cardiopulmonary resuscitation and lifesaving first aid techniques and public participation in such programs in Merced County. The EMS Agency will submit the EMCC Annual Report to the Authority by including it in each year's EMS Plan Update.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.09 ALS AUDIT

MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

Current QA/QI processes are in place to evaluate base hospital and prehospital activities. Available data currently includes transport agency dispatch and prehospital elements and electronic patient care records. Emergency Department and in-hospital data are available upon request.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency's Trauma Registry (TraumaBase©) captures all necessary data elements for evaluating trauma care. The Trauma Audit Committee evaluates the county wide trauma system using this data. The EMS Medical Director will participate in system design and operation to achieve improvements in trauma patient under or over triage.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

The local Trauma Centers located in Stanislaus County are required to submit data to the EMS Agency for inclusion into the Trauma Registry. The Trauma Audit Committee (TAC) uses this data for CQI and system evaluation. TAC also reviews trauma cases where care originates at non-trauma centers for purposes of evaluating triage decisions and transfers to higher levels of care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

The primary contractor for ALS ambulance service in Merced County is required by contract to perform monthly activities related to public information, education and awareness. This provider reports monthly to the EMS Agency and describes the specific activity, numbers of persons participating in each activity and the hours spent performing community education.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.02 INJURY CONTROL

MINIMUM STANDARDS:

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

Merced County has an Injury Illness and Prevention Program (IIPP) that all county agencies are required to follow. The EMS Agency promotes the County Department of Public Health in their efforts to provide educational programs for targeted groups at high risk of injury and illness.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

The Merced County Office of Emergency Services (OES) takes the lead for disaster planning and preparedness for the Merced County Operational Area. County OES participates in programs and activities to promote disaster preparedness in the communities. The EMS Agency supports OES by promoting citizen sign-ups into the telephone emergency notification system and attending OES-hosted disaster preparedness training sessions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

There are public first aid and CPR training classes offered at a variety of locations throughout the county. Training is sponsored by hospitals, the community college, ambulance and fire services, as well as the American Heart Association and American Red Cross. Merced County EMS requires American Heart Association or equivalent for EMT certification and Paramedic accreditation purposes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County Office of Emergency Services (OES) has developed an Emergency Operations Plan that contains a Medical/Health annex. The annex identifies the medical and health components to address policies and procedures for providing and maintaining services during major disasters. It applies primarily to major area-wide disasters which create sufficient casualties to overwhelm local response capabilities. Medical response to single-site emergencies, such as transportation accidents or hazardous materials incidents involving multiple casualties, is described in the Merced County EMS Multi-Casualty Incident (MCI) Plan. In addition, the EMS Agency works with the Inland Region V Medical Health Operational Area Coordinators (MHOAC) Regional Disaster Medical/Health Coordinator and Specialist (RDMHC & RDMHS) to promote collaborative disaster planning among the medical community at large and integrates such planning with current County efforts.

COORDINATION WITH OTHER EMS AGENCIES:

As per the Standardized Emergency Management System (SEMS), planning and drills for large scale operations include scenarios that would involve surrounding counties and their respective Local EMS Agencies.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

Merced County Office of Emergency Services (OES) has a well-developed multi-hazard functional Emergency Operations Plan (EOP) that is maintained by the County's Office of Emergency Services. The EOP provides for the coordination of all County departments, volunteer organizations, individuals and other political jurisdictions within Merced County in the performance of emergency-related tasks.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County does have a hazardous materials response team based in the county. The response team is coordinated by Merced County Fire/CalFIRE. Local fire departments, County Environmental Health, and law-enforcement personnel have received comprehensive training and are equipped for hazardous materials response, appropriate to their level of response. All ambulance personnel are trained to Department of Transportation standards for first responder "awareness" level. Merced County EMS Agency maintains a policy on response to known or suspected hazardous materials incidents on its web site: <http://www.co.merced.ca.us/DocumentCenter/Home/View/494>

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

All agencies involved in terrorism and disaster preparedness follow the Standardized Emergency Management System (SEMS) during a WMD incident, natural disaster or mass casualty incident. The Incident Management System (IMS) is well developed and practiced within Merced County. An IMS provides a common language for agencies and lends focus and direction during an incident. The Incident Command System (ICS) is used at the field level, the Hospital Emergency Incident Command System (HEICS) is used within the hospitals, and SEMS is utilized at the Operational Area level. Within the Emergency Operations Center (EOC) unified command is utilized, with participating command staff being determined by the nature of the incident. Use of an IMS creates integration with both the County and State Emergency Operations Plans. The use of these standardized systems across response entities ensures that all responder agencies are able to communicate effectively and that response plans are written with these standard systems as a base.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: MEETS MINIMUM STANDARD DOES NOT MEET RECOMMENDED GUIDELINES

EMSystem allows communication between the EMS Agency, the local EMS providers and the hospitals. This system can be utilized to obtain status of mass casualty incidents and send polls and memos to each of the hospitals. During an incident, EMS providers on scene will make base station contact to notify the base hospital of the MCI or potential MCI. The local base station, acting as the designated Disaster Control Facility (DCF), will initiate an MCI on EMSystem and will coordinate the distribution of casualties to the closest most appropriate facility. If the local base station becomes overwhelmed, the EMS Agency is available to assist with coordination activities.

COORDINATION WITH OTHER EMS AGENCIES:

To identify appropriate receiving facilities for receipt and treatment of patients with radiation and chemical contamination injuries, Merced County Agency will consult and coordinate with both Central California and Mountain-Valley EMS Agencies.

NEED(S): Modify the current patient destination policy to identify appropriate receiving facilities for receipt and treatment of patients with radiation and chemical contamination injuries.

OBJECTIVE: To develop a patient destination policy that identifies facilities capable of receiving and treating of patients with radiation and chemical contamination and injuries.

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year) XX

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

The Merced County Emergency Operations Plan establishes written procedures for early assessment and a means to communicate emergency requests to state agencies and other jurisdictions. Emergency requests are communicated by County OES or the County MHOAC Program to the Region V Disaster Medical Health Coordinator/Specialist. Merced County EMS Agency also participates in the annual EMSA sponsored Statewide Medical Health Disaster Exercise which tests the Agency's procedures for determining necessary outside assistance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Merced County Emergency Operations Plan identifies radio systems used for interagency communication and coordination during a disaster. These include State (CALCORD) and local radio systems. Due to the size of the County and the nature of communications in the area, all agencies have agreed to include two (2) local interoperable channels, "XMD East" and "XMD West" in all first response agency radios. "CALCORD" is also available for use as a tactical or command channel when communicating with out-of-county (multi-jurisdictional) agencies.

COORDINATION WITH OTHER EMS AGENCIES:

Merced EMS Agency has identified CALCORD as the radio frequency to be used during multi-jurisdictional incidents.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS: MEETS MINIMUM STANDARD DOES NOT MEET RECOMMENDED GUIDELINES

Through grants such as Hospital Preparedness, Public Health Emergency Preparedness and the Homeland Security Grant Program, Merced County has gained many necessary resources to mitigate natural or man-made disasters, or mass casualties due to weapons of mass destruction. Each Grant specifies what type of equipment or preparedness efforts are appropriate. The EMS Agency maintains inventory lists per grant, and has allocated equipment to agencies and specific locations such as hospitals and caches dispersed throughout the County. The Department Operations Center (DOC) and the EMS Agency have a current list of all resources available to the community, public safety, first responders and or hospital/clinic systems. Protocols are being considered to discern levels of response and the distribution of resources. When a request is made it will then be coordinated and appropriate to the event at hand.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): A resource directory that identifies providers of disaster medical resources.

OBJECTIVE: To coordinate with local OES to develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in the service area.

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year) XX

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.09 DMAT TEAMS

MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

Should an event occur in Merced County, additional health care professionals would be needed to implement a local mass casualty/ surge care response. The National Disaster Medical System (NDMS) would be able to provide Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Operational Response Teams (DMORT), National Pharmacy Response Team (NPRT), National Nurse Response Team (NNRT) and Veterinary Medical Assistance Teams (VMAT). Members of these teams include nurses, physicians, pharmacists, emergency medical technicians, paramedics, and respiratory therapists. Additional health care providers that would be needed will depend on the scope and magnitude of the WMD incident. Although federal assets have been identified and incorporated into the planning process, Merced County is preparing to be self-sustaining for 72 hours.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The state of California has adopted into law (Government Code 8607 and the Emergency Services Act) the Standardized Emergency Management System (SEMS) in order to manage any disaster or large scale incident. California has an established Master Mutual Aid Agreement that includes Fire, Law Enforcement, the EMS Authority and all state agencies, including the University of California (UC) system. California is well organized into six mutual aid regions. These regions assist with Mutual Aid requests and assistance. If an incident occurs at the local level and additional resources are needed, SEMS must be followed. The SEMS levels include the local jurisdiction (cities), the operational area (county), the regional area, the state, and finally the federal government. Resources are exhausted at each level prior to requesting at the next higher level.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County EMS Agency will work with the local Office of Emergency Services to establish medical mutual aid agreements with other counties in its OES region.

NEED(S): To maintain continuous ICS/SEMS training and education on the California Mutual Aid System.

OBJECTIVE: Work in partnership with OES region 5 MHOAC program to develop a regional medical mutual aid response plan.

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year) XX

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County OES is the coordinating agency for disaster preparedness, response, and recovery. Field Treatment Sites (FTS) will be established in locations based on the scope and magnitude of the event, number of victims, and weather. Field Treatment Sites include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. Under most circumstances, FTS will be established near hospitals to make use of their resources.

COORDINATION WITH OTHER EMS AGENCIES:

Overwhelming numbers of victims may require non-traditional medical resources such Field Treatment Sites (FTS) in order to provide initial emergency medical assistance. The Merced County EMS Agency may activate Field Treatment Sites (FTS) for treating non-critical patients and would be available to other EMS Agencies should that need arise.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County OES is the coordinating agency for disaster preparedness, response, and recovery. CCPs will be established in locations based on the scope and magnitude of the event, number of victims, and weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. In all cases possible, CCP sites will be established at or near hospitals to make use of their resources, including the 800 MHz radio equipment the county has procured for establishing this communication link.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

The maintenance of trained personnel is a critical issue in ensuring a competent workforce that is ready to respond during an emergency. In order to address this issue, County OES strives to offer on-going training for the first responder, medical, public health and emergency management communities. In addition, County OES has brought in Emergency Operations Center Section Training, ICS 300 and 400 for management personnel and Threat and Vulnerability Classes for County agencies. All of these classes have been well attended and continue to be one part of our continuing education program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): County OES will continue to offer disaster medical training to EMS, first responders, public health, healthcare providers and community partners.

OBJECTIVE: The EMS Agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

Each of the two (2) hospitals in Merced County is accredited by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and as such, each hospital maintains robust disaster plans including provisions for internal and external disasters. Each hospital utilizes the Hospital Emergency Incident Command System (HEICS) and is integrated into the County's medical response plans. Merced County is committed to disaster and emergency preparedness. To ensure a capable and robust response system, exercise of plans and procedures in place remains a critical component of preparedness efforts. Each hospital is required to participate in two disaster exercises per year in order to maintain JCAHO accreditation and the hospitals participate in the annual Statewide Medical/Health Disaster Exercise.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

COORDINATION WITH OTHER EMS AGENCIES:

During disaster exercises, the Public Health DOC, County OES EOC, private local ambulance companies and local fire departments all participate to standardize a system-wide response.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Both hospitals in Merced County are able to communicate with ambulance personnel and the EMS Emergency Dispatch Center via Med Net Channel 8 as well as both hard line and cellular telephone.

COORDINATION WITH OTHER EMS AGENCIES: Communications during a disaster will include all of the local agencies and neighboring LEMSAs and their designated dispatch centers in order to coordinate disaster-related activities with the Public Health DOC and County OES EOC.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

The two (2) local acute-care hospitals have developed guidelines and its personnel are trained in the management of significant medical incidents, in compliance with the Joint Commission on Accreditation of Healthcare Organizations. The Merced County EMS Agency has developed its Multi-Casualty Incident (MCI) Plan, and has provided training to prehospital medical response agencies responding to significant medical incidents. This training will be offered annually to all prehospital and other medical personnel. In May 2015, a functional MCI Drill was conducted on the eastern side of Merced County and in 2016, another similar functional MCI Drill will be conducted for the first response agencies on the western side of the county. As with the hospitals, each fire department and EMS provider in Merced County is committed to disaster and emergency preparedness. To ensure a capable and robust response system, exercise of plans and procedures in place remains a critical component of preparedness efforts. Through cooperative planning and exercising, the County is better prepared for a major emergency. The purpose of exercising plans is to test the response and recovery plans of local first responder and emergency management agencies, the medical and public health communities, private sector agencies, and local government. Interagency coordination, cooperation and communication are strengthened as a result of disaster exercises. Disaster exercises also provide an opportunity to identify policy decisions that would need to be made during an event, and allow response agencies to orient employees to their likely role during the response and recovery phases.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.17 ALS POLICIES

MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Title 22 CCR (California Code of Regulations) § 100165(l) (Accreditation to Practice) expressly authorizes Paramedics to function outside their home-base EMS systems during significant medical incidents. It provides as follows:

"During a mutual aid response into another jurisdiction, a Paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting local EMS agency."

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Amend Merced County EMS Policy #233.00 "Paramedic Accreditation to Practice" to include the following item:

"During a mutual aid response into another jurisdiction, a locally (Merced County) accredited paramedic may utilize the scope of practice for which they are trained and accredited according to the policies and procedures established by Merced County EMS Agency."

OBJECTIVE:

To make the point clear in Merced County EMS policy that locally accredited paramedics will use their policies and procedures when treating patients in another jurisdiction during mutual aid responses.

TIME FRAME FOR MEETING OBJECTIVE: SHORT RANGE PLAN

Short-Range Plan (one year or less) XX

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

There are no specialty care centers located in Merced County's EMS jurisdiction. There are however two (2) Level II trauma centers located in the Mountain-Valley EMS which serve as the care centers for trauma patient purposes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Merced County EMS Agency does have exclusive operator agreements with one (1) ground ambulance service provider and one (1) air ambulance service provider. There is a clause in each of these agreements that waive exclusivity in the event of major disasters as declared by the County. If a disaster declaration is made, the County, at its discretion, may suspend normal operations and the Emergency Ambulance Service Provider(s) shall respond in accordance with the County's disaster plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X	N/A		
1.02 LEMSA Mission		X	N/A		
1.03 Public Input		X	N/A		
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X	N/A		
1.06 Annual Plan Update		X	N/A		
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X	N/A		
1.09 Inventory of Resources		X	N/A		
1.10 Special Populations		X			X
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X	N/A		
1.13 Coordination		X	N/A		
1.14 Policy & Procedures Manual		X	N/A		
1.15 Compliance w/Policies		X	N/A		
System Finances:					
1.16 Funding Mechanism		X	N/A		
Medical Direction:					
1.17 Medical Direction*		X	N/A		
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X	N/A		
1.21 Determination of Death		X	N/A		
1.22 Reporting of Abuse		X	N/A		
1.23 Interfacility Transfer		X	N/A		
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X	N/A		
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X	N/A		
2.02	Approval of Training		X	N/A		
2.03	Personnel		X	N/A		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	N/A		
2.07	Medical Control		X	N/A		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	N/A		
2.10	Advanced Life Support		X	N/A		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	N/A		
2.12	Early Defibrillation		X	N/A		
2.13	Base Hospital Personnel		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Communications Equipment:						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X	N/A		
3.04	Dispatch Center		X	N/A		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	N/A		
Public Access:						
3.07	9-1-1 Planning/ Coordination		X	X		
3.08	9-1-1 Public Education		X	N/A		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X	N/A		
4.04 Prescheduled Responses		X	N/A		
4.05 Response Time*		X	Not Met	N/A	N/A
4.06 Staffing		X	N/A		
4.07 First Responder Agencies		X	N/A		
4.08 Medical & Rescue Aircraft*		X	N/A		
4.09 Air Dispatch Center		X	N/A		
4.10 Aircraft Availability*		X	N/A		
4.11 Specialty Vehicles*		X	X		
4.12 Disaster Response		X	N/A		
4.13 Intercounty Response*		X	Not Met		X
4.14 Incident Command System		X	N/A		
4.15 MCI Plans		X	N/A		
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X	N/A		
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X	N/A		
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X	N/A		
4.20 "Grandfathering"		X	N/A		
4.21 Compliance		X	N/A		
4.22 Evaluation		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	N/A		
5.03	Transfer Guidelines*		X	N/A		
5.04	Specialty Care Facilities*		X	N/A		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	N/A		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X	N/A		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	N/A		
5.09	Public Input		X	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	N/A		
5.11	Emergency Departments		X	X		
5.12	Public Input		X	N/A		
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X	N/A		
5.14	Public Input		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X	N/A		
6.03	Prehospital Care Audits		X	Not Met		X
6.04	Medical Dispatch		X	N/A		
6.05	Data Management System*		X	X		
6.06	System Design Evaluation		X	N/A		
6.07	Provider Participation		X	N/A		
6.08	Reporting		X	N/A		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	N/A		
6.11	Trauma Center Data		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**G. PUBLIC INFORMATION AND EDUCATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X	N/A		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	N/A		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	Not Met		X
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X	N/A		
8.08	Inventory of Resources		X	Not Met		X
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements*	X		N/A		X
8.11	CCP Designation*		X	N/A		
8.12	Establishment of CCPs		X	N/A		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	N/A		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	N/A		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	N/A		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	N/A		

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: FY13/14

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Merced

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

2. Type of agency
- a) Public Health Department ☒ XX
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: Public Health Department/LEMSA Director

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	X _____
Designation of trauma centers/trauma care system planning	X _____
Designation/approval of pediatric facilities	X _____
Designation of other critical care centers	X _____
Development of transfer agreements	X _____
Enforcement of local ambulance ordinance	X _____
Enforcement of ambulance service contracts	X _____
Operation of ambulance service	N/A _____
Continuing education	X _____
Personnel training	X _____
Operation of <u>oversight</u> of EMS dispatch center	X _____
Non-medical disaster planning	X _____
Administration of critical incident stress debriefing team (CISD)	X _____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	N/A _____
Administration of EMS Fund [Senate Bill (SB) 12/612]	N/A _____
Other: _____	N/A _____
Other: _____	N/A _____
Other: _____	N/A _____

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>352,652</u>
Contract Services (e.g. Medical Director, Interim Director)	<u>41,556</u>
Operations (e.g. copying, postage, facilities)	\$ <u>197,520</u>
Travel	<u>11,913</u>
Fixed assets	\$0 _____
Indirect expenses (overhead)	<u>529</u>
Ambulance subsidy	\$0 _____
EMS Fund payments to physicians/hospital	\$ <u>48,709</u>
Dispatch center operations (non-staff)	\$0 _____
Training program operations	\$ <u>3,770</u>
Other: <u>Bid Process Review</u>	\$ <u>106,000</u>
Other: <u>San Joaquin County EMS Agency</u>	\$ <u>10,492</u>
Other: _____	N/A _____

TOTAL EXPENSES \$ 773,141

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$0 _____
Preventive Health and Health Services (PHHS) Block Grant	\$0 _____
Office of Traffic Safety (OTS)	\$0 _____
State general fund (Prior years over payments owed Audit finding)	\$ <u>(6,028)</u>
County general fund	\$0 _____
Other local tax funds (e.g., EMS district)	\$0 _____
County contracts (e.g. multi-county agencies)	\$0 _____
Certification fees	\$ <u>12,283</u>
Training program approval (MRC Award)	\$ <u>2,356</u>
Training program tuition/Average daily attendance funds (ADA)	\$0 _____
Job Training Partnership ACT (JTPA) funds/other payments	\$0 _____
Base hospital application fees	\$0 _____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	\$0_____
Trauma center designation fees	\$0_____
Pediatric facility approval fees	\$0_____
Pediatric facility designation fees	\$0_____
Other critical care center application fees	\$0_____
Type: _____	
Other critical care center designation fees	\$0_____
Type: _____	
Ambulance service/vehicle fees	\$ 80,447
Contributions	\$0_____
EMS Fund (SB 12/612)	\$ 115,871
Other grants: <u>PHEP, HPP & Homeland Security</u>	\$ 526,370
Other fees: <u>Communications Fees</u>	\$0_____
Oher (specify): <u>State PanFlu</u> _____	\$ 41,842
TOTAL REVENUE	\$ 773,141

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

☐ We do not charge any fees

X ☒ Our fee structure is:

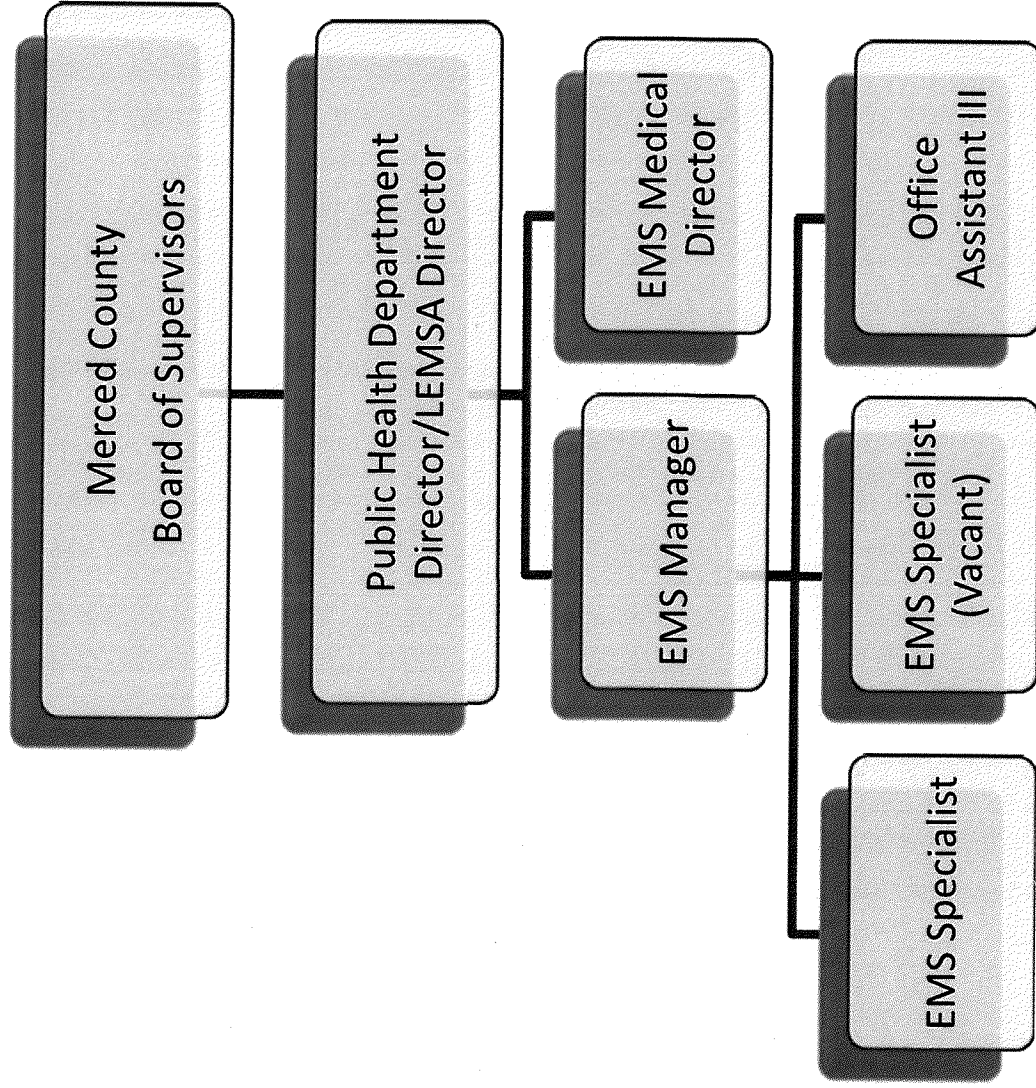
First responder certification	\$ N/A_____
EMS dispatcher certification	50._____
EMT-I certification	75._____
EMT-I recertification	37._____
EMT-defibrillation certification	N/A_____
EMT-defibrillation recertification	N/A_____
AEMT certification	N/A_____
AEMT recertification	N/A_____
EMT-P accreditation	100._____
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	60._____
MICN/ARN recertification	60._____
EMT-I training program approval	N/A_____
AEMT training program approval	N/A_____
EMT-P training program approval	N/A_____
MICN/ARN training program approval	N/A_____
Base hospital application	N/A_____
Base hospital designation	N/A_____
Trauma center application	N/A_____
Trauma center designation	N/A_____
Pediatric facility approval	N/A_____
Pediatric facility designation	N/A_____
Other critical care center application	
Type: <u>STEMI</u>	N/A_____
Other critical care center designation	
Type: _____	
Ambulance service license	<u>Varies- *See Below:</u>
Ambulance vehicle permits	N/A_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

*Ambulance License Fees are calculated using the County Cost System, based on staff time impact for the previous year. Typically, Ambulance License Fees run about \$120,000 per year for all licensed providers.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Manager	.58	\$84.40	42%	
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	EMS Medical Director	Contracted – As Needed	\$80.00	0	\$19,200/year Contract Physician – Hourly rate based upon 20 hours/month
Other MD/Medical Consult/Training Medical Director	Interim Manager	.14	\$93.00		
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Assistant III	0.5	\$41.01	52%	
Data Entry Clerk					
Other	EMS Specialist	1.0	\$44.35	35%	

Merced County EMS Agency Organizational Structure



COUNTY ORGANIZATIONAL CHART

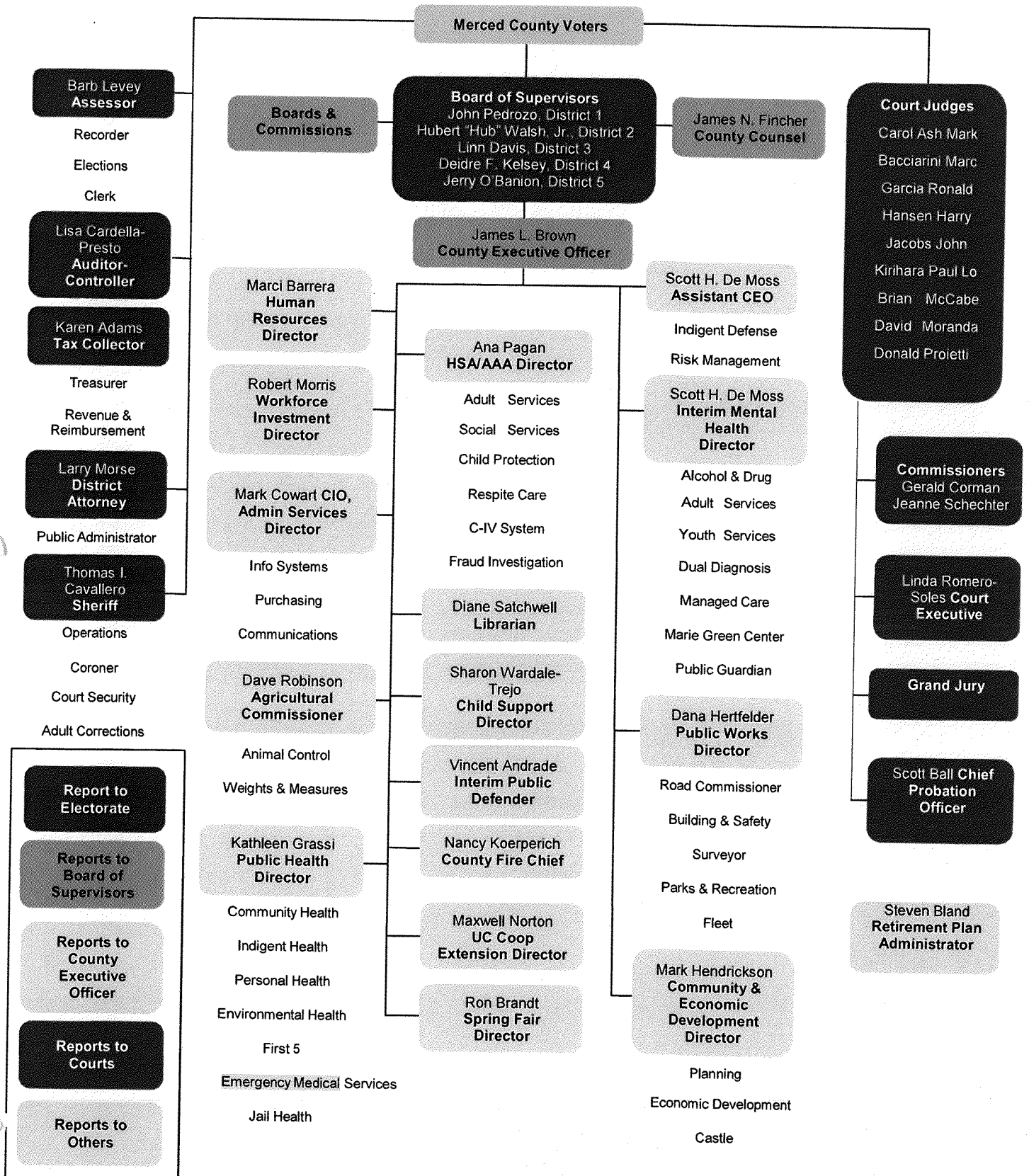


TABLE 3: STAFFING/TRAINING

Reporting Year: FY13/14

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	123	N/A		16
Number newly certified this year	16	N/A		7
Number recertified this year	107	N/A		9
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	43	N/A
Number of certification reviews resulting in:				
a) formal investigations	0	N/A		0
b) probation	0	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	0	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	0	N/A	0	0

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
b) Number of public safety (defib) certified (non-EMT-I)

123
0

2. Do you have an EMR training program

☐ yes ☒ no

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: Merced

Reporting Year: FY13/14

1. Number of primary Public Service Answering Points (PSAP) 7
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 1
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?
Merced County EMS Dispatch Center (Contracted to Riggs Ambulance Service as secondary PSAP for EMS)
7. Who is your primary dispatch agency for a disaster?
Riggs Ambulance Service
8. Do you have an operational area disaster communication system? ☒ Yes ☐ No
 - a. Radio primary frequency: 814.46250
 - b. Other methods: Cell Phone, Email, Reverse Telephone Emergency Notification System
 - c. Can all medical response units communicate on the same disaster communications system? ☒ Yes ☐ No
 - d. Do you participate in the Operational Area Satellite Information System ☒ Yes ☐ No
 - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services ☒ Yes ☐ No
 - 1) Within the operational area? ☒ Yes ☐ No
 - 2) Between operation area and the region and/or state? ☒ Yes ☐ No

Primary PSAPs: CHP Atwater, Dos Palos PD, Livingston PD, Los Banos PD, Merced County Sheriff, Merced City PD, UC Merced PD. Secondary PSAP: Riggs HQ, CalFIRE Mariposa

TABLE 5: RESPONSE/TRANSPORTATIONReporting Year: **FY13/14****Note:** Table 5 is to be reported by agency.**Early Defibrillation Providers**1. Number of EMT-Defibrillation providers 3**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes:

Prior to January 1, 2015:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	<10	<12 <15 <20	<40	N/A
Transport Ambulance	<10	<12 <15 <20	<40	N/A

Beginning January 1, 2015:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	≤10:59 ≤19:59 (P 1&2) (P 3)	≤19:59 ≤29:59 (P 1&2) (P 3)	As quickly as possible	N/A
Transport Ambulance	≤10:59 ≤19:59 (P 1&2) (P 3)	≤19:59 ≤29:59 (P 1&2) (P 3)	As quickly as possible	N/A

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: FY13/14

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- | | |
|--|---------------|
| 1. Number of patients meeting trauma triage criteria | _____511_____ |
| 2. Number of major trauma victims transported directly to a trauma center by ambulance | _____413_____ |
| 3. Number of major trauma patients transferred to a trauma center | _____46_____ |
| 4. Number of patients meeting triage criteria who weren't treated at a trauma center | _____UNK_____ |

Emergency Departments

- | | |
|---|-------------|
| Total number of emergency departments | _____2_____ |
| 1. Number of referral emergency services | _____0_____ |
| 2. Number of standby emergency services | _____0_____ |
| 3. Number of basic emergency services | _____2_____ |
| 4. Number of comprehensive emergency services | _____0_____ |

Receiving Hospitals

- | | |
|--|-------------|
| 1. Number of receiving hospitals with written agreements | _____2_____ |
| 2. Number of base hospitals with written agreements | _____1_____ |

TABLE 7: DISASTER MEDICAL

Reporting Year: FY13/14

County: Merced

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Two Fairgrounds & two Hospital Campuses
 - b. How are they staffed? Existing Staff & Volunteers (MRC)
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☒ Yes ☐ No
 - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
 - c. Are they available for statewide response? ☒ Yes ☐ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? Technician
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 5
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☒ Yes ☐ No
 - b. exercise? ☐ Yes ☒ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
None
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Merced County Public Health Department
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ N/A ☐ Yes ☐ No

TABLE 8 (B) Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced Provider: Air Methods/Mercy Air Response Zone: Entire County

Address: 1670 Miro Way Number of Ambulance Vehicles in Fleet: Two (2)

Rialto, CA 92376

Phone Number: (209) 614-5360 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Two (2)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____	Total number of transports
_____	Number of emergency transports
_____	Number of non-emergency transports

Air Ambulance Services

1,507	Total number of responses
1,507	Number of emergency responses
0	Number of non-emergency responses

587	Total number of transports
254	Number of emergency transports
333	Number of non-emergency transports

(Interfacility Transfers)

Table 8 (FY Resource Directory)

Reporting Year: FY2013/2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced Provider: Atwater Fire Department Response Zone: Merced Zone 24 A

Address: 699 Broadway Number of Ambulance Vehicles in Fleet: 0
Atwater, CA 95301

Phone Number: (209) 357-6352 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>water district</u>	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Atwater Fire Department (Non-Transport Provider)

Transporting Agencies

2,421 Total number of responses
 2,421 Number of emergency responses
 0 Number of non-emergency responses

Air Ambulance Services

Total number of responses
 Number of emergency responses
 Number of non-emergency responses

Table 8 (H) Resource Directory

Reporting Year: FY2013/2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced Provider: Dos Palos Fire Department Response Zone: Merced Zone 24 C-D

Address: 1540 Golden Gate Avenue Number of Ambulance Vehicles in Fleet: 0
Dos Palos, CA 93620

Phone Number: (209) 392-2081 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Dos Palos Fire Department (Non-Transport Provider)

Transporting Agencies

584 Total number of responses
 584 Number of emergency responses
 0 Number of non-emergency responses

Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

Total number of responses
 Number of emergency responses
 Number of non-emergency responses

Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8 (1) Resource Directory

Reporting Year: FY2013/2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced Provider: Gustine Fire Department Response Zone: Merced Zone 24 C-D

Address: 352 Fifth Street Number of Ambulance Vehicles in Fleet: 0
Gustine, CA 95322

Phone Number: (209) 854-6804 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>water district</u>	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Gustine Fire Department (Non-Transport Provider)

472 Total number of responses
 472 Number of emergency responses
 0 Number of non-emergency responses

Transporting Agencies

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8 (Continued) Resource Directory

Reporting Year: FY2013/2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced Provider: Livingston Fire Department Response Zone: Merced Zone 24 A

Address: 1430 C Street Number of Ambulance Vehicles in Fleet: 0
Livingston, CA 95334

Phone Number: (209) 394-7919 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>water district</u>	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Livingston Fire Department (Non-Transport Provider)

Transporting Agencies

596 Total number of responses
 596 Number of emergency responses
 0 Number of non-emergency responses

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

Table 8 (F) Resource Directory

Reporting Year: FY2013/2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced Provider: Los Banos Fire Department Response Zone: Merced Zone 24 C-D

Address: 333 7th Street Number of Ambulance Vehicles in Fleet: 0

Los Banos, CA 93635

Phone Number: (209) 827-7025 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>water district</u>	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Los Banos Fire Department (Non-Transport Provider)

Transporting Agencies

1,141 Total number of responses
 1,141 Number of emergency responses
 0 Number of non-emergency responses

Air Ambulance Services

Total number of responses
 Number of emergency responses
 Number of non-emergency responses

Table 8 (Fire Resource Directory)

Reporting Year: FY2013/2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced Provider: Merced City Fire Department Response Zone: Merced Zone 24 A-B

Address: 99 E. 16th Street Number of Ambulance Vehicles in Fleet: 0

Merced, CA 95341

Phone Number: (209) 827-7025 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>water district</u>	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Merced City Fire Department (Non-Transport Provider)

Transporting Agencies

6,308 Total number of responses
 5,553 Number of emergency responses
 755 Number of non-emergency responses

Air Ambulance Services

Total number of responses
 Number of emergency responses
 Number of non-emergency responses

Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8 (C) Resource Directory

Reporting Year: FY 2013/2014

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced **Provider:** Merced County Fire Department **Response Zone:** Unincorporated Areas of Merced Zones 24 A-D

Address: 3500 N. Apron Avenue **Number of Ambulance Vehicles in Fleet:** 0
Atwater, CA 95301

Phone Number: (209) 385-7344 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No With CAL FIRE to provide staffing and equipment.	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Merced County Fire Department (Non-Transport Provider)

Transporting Agencies

4,755 Total number of responses
4,755 Number of emergency responses
0 Number of non-emergency responses

Total number of transports
Number of emergency transports
Number of non-emergency transports

Air Ambulance Services

Total number of responses
Number of emergency responses
Number of non-emergency responses

Total number of transports
Number of emergency transports
Number of non-emergency transports

TABLE 8 (A) Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Merced Provider: Riggs Ambulance Service Response Zone: Entire County

Address: 100 Riggs Avenue Number of Ambulance Vehicles in Fleet: 24
Merced, CA 95341

Phone Number: (209) 725-7000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

27,501	Total number of responses	24,296	Total number of transports
22,452	Number of emergency responses	19,330	Number of emergency transports
5,049	Number of non-emergency responses	4,966	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

TABLE 9 (a): FACILITIES

County: Merced

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mercy Medical Center Merced Telephone Number: (209) 564-5000

Address: 333 Mercy Ave.

Merced, CA 95340

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center ¹ EDAP ² PICU ³			
<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9 (b): FACILITIES

County: Merced

Note: Complete information for each facility by county. Make copies as needed.

Facility: Memorial Hospital Los Banos **Telephone Number:** (209) 826-0591
Address: 520 W. "I" Street
Los Banos, CA 93635

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10. APPROVED TRAINING PROGRAMS

County: Merced

Reporting Year: FY13/14

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Westmed College		Telephone Number: (209) 386-6300
Address: 330 E. Yosemite Ave., Suite 201		
Merced, CA 95340		
Student Eligibility*: Open to the Public	**Program Level Paramedic	
Cost of Program:	Basic: 17,700	Number of students completing training per year:
Refresher: N/A	Refresher: N/A	Initial training: 6
		Refresher: N/A
		Continuing Education: No
		Expiration Date: 10/29/16
		Number of courses: 1 /yr
		Initial training: N/A
		Refresher: No
		Continuing Education:

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Merced Community College		Telephone Number: (209) 384-6130
Address: 3600 "M" Street		
Merced, CA 95348		
Student Eligibility*: Open to the Public	**Program Level EMT-1	
Cost of Program:	Basic: \$796	Number of students completing training per year:
Refresher: N/A	Refresher: N/A	Initial training: 75
		Refresher: N/A
		Continuing Education: Yes
		Expiration Date: 6/30/15
		Number of courses: One (1) course held twice per year.
		Initial training: 2
		Refresher: N/A
		Continuing Education: Yes

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11. DISPATCH AGENCY

County: Merced Reporting Year: FY13/14

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Merced County EMS Communications Center	Primary Contact:	Kimberly Alford, Communications Manager
Address:	100 Riggs Avenue Merced, CA 95341 (209) 725-7000		
Telephone Number:			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _18_ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:		Primary Contact:	
Address:			
Telephone Number:			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Non-Exclusive Ground Ambulance Zone

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Merced County EMS Agency.

Area or subarea (Zone) Name or Title:

Before January 1, 2015: Merced County Non-Exclusive Operating Area – Ground Ambulance.
Beginning January 1, 2015: Merced County Exclusive Operating Area – Ground Ambulance

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Riggs Ambulance Service has served Merced County since 1948.

Area or subarea (Zone) Geographic Description:

The Merced County Ground Ambulance Operating Area incorporates all cities and townships of Merced County as well as all unincorporated areas. Located in central California, Merced County is bordered by Santa Clara County to the northwest, Stanislaus County to the north, Tuolumne and Mariposa counties to the east, Madera and Fresno counties to the south, and San Benito County to the west.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive as of January 1, 2015.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency and IFT.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Beginning January 1, 2015, Merced County Exclusive Operating Area for Ground Ambulance transportation services will become effective. The selection of SEMSA/Riggs as Exclusive Operator was achieved by the Competitive Request for Bid (RFP) Process. Merced County remains on a 10-year RFP bid cycle where the Most Responsive Bidder to the RFP is selected by a panel of third-party non-interested EMS professionals.

The 2014 RFP used to select SEMSA/Riggs as the Most Responsive Bidder for the next contract period of January 1, 2015 through December 31, 2019 is included as Appendix A.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Exclusive Air Ambulance Zone

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Merced County EMS Agency.
Area or subarea (Zone) Name or Title: Merced County Exclusive Operating Area – Air Ambulance.
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Mercy Air (Air Methods Corporation) serves the entirety of Merced County under a competitively bid exclusive air ambulance operating agreement which was finalized by the County Board of Supervisors' approval on April 17, 2007. The contract Terms are for three (3), three (3)-Year Terms which will be renewed up to a total of nine (9) years, subject to Mercy Air's satisfactory performance and contract compliance as determined by the County.
Area or subarea (Zone) Geographic Description: The Merced County Emergency Air Ambulance EOA incorporates all cities and townships of Merced County as well as all unincorporated areas. Located in central California, Merced County is bordered by Santa Clara County to the northwest, Stanislaus County to the north, Tuolumne and Mariposa counties to the east, Madera and Fresno counties to the south, and San Benito County to the west.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive – established by the Local EMS Agency and reviewed by County Board of Supervisors' action at a regularly scheduled meeting which took place April 17, 2007.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusive Emergency Air Ambulance. All calls requiring emergency air ambulance service, including 9-1-1 and interfacility transfers. Exclusivity is waived for those interfacility transfers in which the exclusive provider cannot provide the necessary service in a timely manner.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Exclusivity was determined by Competitive Request for Proposal (RFP) Bid Process. The selection process consisted of establishing a 3-person review panel. The review panel's final recommendation was carried forward to the County Board of Supervisors for their approval at the regularly scheduled Board meeting which took place April 17, 2007. The resulting contract is for three, (3) three (3)-Year terms, which will be renewed up to a total of nine (9) years, subject to Mercy Air's satisfactory performance and contract compliance as determined by the County.
Note: June 2006 Air Ambulance RFP is included as Appendix B.